

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 11 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016857

1. Corporation Name

BUSMENTER AUTO REPAIR, INC.

2. Principal Office Address

1144 SW 8TH STREET, REAR

Suite, Apt. #, etc.

3. Mailing Office Address

1144 SW 8TH STREET, REAR

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33135

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/2000

5. FEI Number

65-0987012

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDGAR F. GARZON

Street Address (P.O. Box Number is Not Acceptable)

1144 SW 8TH STREET, REAR

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State
FL

Zip Code

33135

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

MAY 9, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EDGAR F. GARZON	1144 SW 8TH STREET, REAR	MIAMI, FL. 33135

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 9, 2002 (305) 285-2333

Date

Daytime Phone #

CR2E081 (9/01)

25 2/11/02